Oncology Clinical Pathways
Myelodysplastic Syndromes (MDS)

July 2023 – V1.2023

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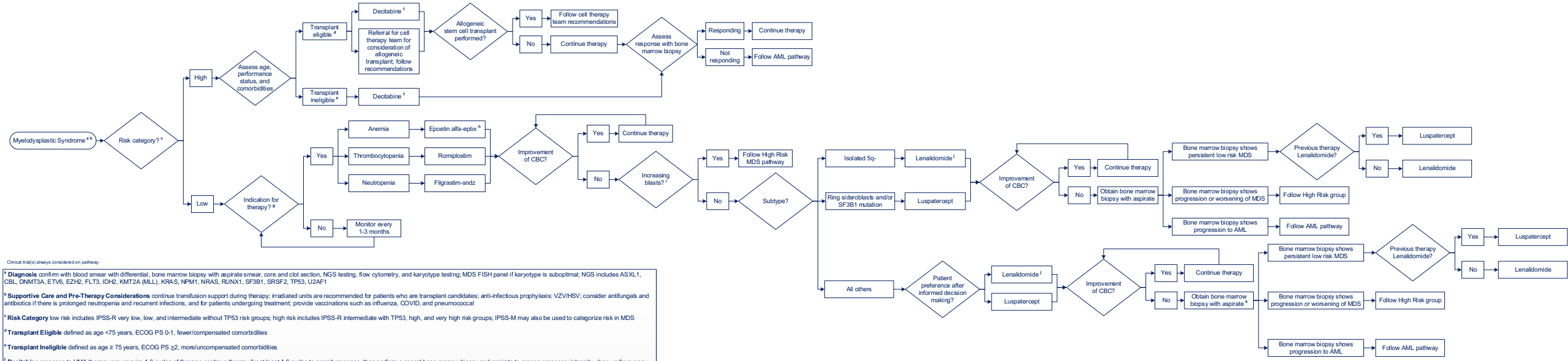
Myelodysplastic Syndromes – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

- Myelodysplastic Syndromes are currently not presumptive conditions

For more information, please visit U.S. Department of Veterans Affairs - Presumptive Disability Benefits (va.gov)

Myelodysplastic Syndromes



Clinical trial(s) always considered on pathway.

[a] **Diagnosis** confirm with blood smear with differential, bone marrow biopsy with aspirate smear, core and clot section, NGS testing, flow cytometry, and karyotype testing; MDS FISH panel if karyotype is suboptimal; NGS includes ASXL1, CBL, DNMT3A, ETV6, EZH2, FLT3, IDH2, KMT2A (MLL), KRAS, NPM1, NRAS, RUNX1, SF3B1, SRSF2, TP53, U2AF1

[b] **Supportive Care and Pre-Therapy Considerations** continue transfusion support during therapy; irradiated units are recommended for patients who are transplant candidates; anti-infectious prophylaxis: VZV/HSV; consider antifungals and antibiotics if there is prolonged neutropenia and recurrent infections, and for patients undergoing treatment; provide vaccinations such as influenza, COVID, and pneumococcal

[c] **Risk Category** low risk includes IPSS-R very low, low, and intermediate without TP53 risk groups; high risk includes IPSS-R intermediate with TP53, high, and very high risk groups; IPSS-M may also be used to categorize risk in MDS

[d] **Transplant Eligible** defined as age <75 years, ECOG PS 0-1, fewer/compensated comorbidities

[e] **Transplant Ineligible** defined as age ≥ 75 years, ECOG PS ≥2, more/uncompensated comorbidities

[f] **Decitabine** response to HMA therapy may require 4-6 cycles of therapy; continue therapy for at least 4-6 cycles to permit response, then perform a repeat bone marrow biopsy and aspirate to assess response; intensity, dose, or frequency may need to be modified based on monitoring

[g] **Indication for Therapy** Hgb <10 g/dL with symptoms of anemia, platelets <20,000/mcL or bleeding with platelets <50,000/mcL, recurrent infections with neutropenia

[h] **ESA** recommendation to check erythropoietin (EPO) level prior to initiation of ESA; EPO level >500 IU/L and multiple prior transfusions are associated with lower response rate to ESA therapy; titration of ESA over several months may be needed to ensure adequate exposure and optimal dose when assessing response to ESA; target hemoglobin 10 grams per deciliter; evaluate thrombotic risk

[i] **Blasts** reassess risk stratification; bone marrow biopsy helpful

[j] **Lenalidomide** therapy should be continued for at least 2-3 months prior to determination of response; thromboprophylaxis is required

[k] **Bone Marrow Biopsy with Aspirate** consider repeat NGS panel on bone marrow biopsy if there is concern for progression or transformation

MDS Myelodysplastic Syndrome
ESA Erythropoietin Stimulating Agent

Clinical Trial Resources https://clinicaltrials.gov/ and https://lls-forms.careboxhealth.com/?IRC=HCP

Questions?

Contact VHAOncologyPathways@va.gov